



## Federal Update for April 2 – 15, 2016



### ***DoD Disability Retirement Update***

#### ***Severance Pay Wrongfully Taxed***

Veterans who had to medically retire from the military because of combat-related injuries during the last two decades have lost out on thousands of dollars in severance pay because the Defense Department improperly taxed those payments. It's unclear how many veterans have been affected, but the nonprofit National Veterans Legal Services Program estimated it could be close to 14,000 vets who were wrongfully taxed, going back as far as 1991, for a total of \$78 million in lost compensation. NVLSP, along with Republican Sen. John Boozman of Arkansas and Democratic Sen. Mark Warner of Virginia, are working now to pass legislation requiring Defense to fix the problem, and reimburse all those affected.

Since 1991, federal law has stipulated that the government is not supposed to withhold taxes from the one-time lump sum disability severance pay given to veterans forced to leave the service because of combat-related injuries. But that's what has happened, costing vets on average roughly \$5,000 in lost pay, according to NVLSP estimates. The amount of lost compensation, though, could vary widely among individual vets, depending on the amount of the lump sum received, said Thomas Moore, project manager for NVLSP's Lawyers Serving Warriors initiative. NVLSP uncovered the decades-old, systemic problem during an unrelated review of some combat-injured vets' financial documents, which revealed the discrepancy.

Defense has known about the problem for years, but has yet to come up with a comprehensive solution that prevents it from happening in the first place. Basically, it's up to veterans to figure it out for themselves and recoup the money. They can either request a direct tax refund from the Defense Finance and Accounting Service, if it occurs during the same tax year as their separation, or file an amended tax return with the Internal Revenue Service if the disbursement is within the three-year statute of limitations for filing amended tax returns. The onus should not be on the veteran to unwind and correct the mistake, Moore said. "It should have never been an issue to begin with. They should have been paid their full amount without jumping through hoops."

The accounting error related to taxes and disability severance payments might stem from the system's shortcomings when identifying DSP categories. While combat-injured vets receiving DSP aren't supposed to be taxed on that payment, the government does withhold taxes on disability severance payments for service members who are separated because of non-combat-related injuries. "Going forward, the department is working on a process to allow tax withholding decisions to be made with respect to the second group of members based on information available prior to separation," said DoD spokesman Matthew Allen, over email. "In addition, the department is working on improving the process to ensure that members separated for combat-related disabilities do not have taxes withheld from their separation pay. When implemented, these process changes should greatly reduce the risk of tax withholding errors." Defense also doesn't know how many veterans were improperly taxed but "does not believe the problem is as widespread as recent reports might suggest," Allen said.

The 2016 Combat-Injured Veterans Tax Fairness Act will require the department to identify affected veterans, notify them, and ensure the government pays them back. It also extends the statute of limitations on amended tax returns for affected veterans so that "those who were wronged long ago can still receive their full and proper payments," Warner said. Between 10,000 and 11,000 service members are medically retired from duty each year, and that group includes those separated because of combat-related injuries. "DoD has unjustly withheld taxes despite clearly-written federal law and a court opinion to the contrary," said Boozman. "We have a responsibility to right this wrong and ensure that our nation's wounded veterans receive the benefits they are rightfully due." Allen said that the Defense Department "does its best to

uphold its legal obligations to withhold taxes for the Treasury absent clear evidence that the payments are not subject to income tax.”

Brandon Davis, an Army veteran discharged in 2005 because of combat-related injuries he suffered while serving in Iraq, lost \$8,000 because Defense mistakenly taxed his disability severance pay. “I recall hearing that there was a computer problem related to disability severance payments, but no one ever explained what I needed to do to recover the money that was taken from me,” said Davis, who lives in Arkansas and supports the Boozman-Warner bill. “This money would have helped me and my family as we adjusted to life after being discharged from the military. Because 11 years have passed since the money was taken, now I have no way to get it back unless this legislation is passed.” [Source: GovExec.com | Kellie Lunney | April 07, 2016 ++]

## VA Whistleblowers Update

### OSC | Inadequate Follow-up In 3 Cases

In the latest in its continuing scrutiny of the Veterans Affairs Department, the Office of Special Counsel (OSC) on 8 APR reported that it was faulting the department’s managers for inadequate follow-up on three whistleblower cases affecting health and safety. The findings reported to the White House and Congress involve medical facilities in West Virginia, upstate New York and Washington, D.C.

- In one case, based on alerts from an anonymous whistleblower, the **Beckley VA Medical Center** in West Virginia was “found to have improperly substituted prescribed antipsychotic medications in order to save money,” OSC said in a statement. The VA’s Office of Medical Inspector found that these actions created a threat to the health and safety of mental health patients in Beckley and violated VA policy. The whistleblower’s other allegations were not substantiated, and VA officials decided not to discipline the managers for the drug substitutions because the managers were “unfamiliar with VA policy” and their actions were not knowing and willful. But “in other cases, including in formal litigation, the VA has sought disciplinary action against senior officials who failed to exercise appropriate oversight,” OSC said. The Special Counsel concluded that “this is a more appropriate standard,” and that discipline should have been considered in response to the medical inspector’s findings.
- In **Canandaigua, N.Y.**, employees at a veterans crisis line and call center volunteers were found to be inadequately trained, as evidenced by delayed responses to vets who may be suicidal. “The VA Office of Inspector General found that back-up call centers routed some veterans seeking help to voicemail, and sometimes neither the crisis line nor back-up center volunteers immediately called veterans back,” OSC said. The problems were disclosed by VA employee John Giunta, and managers took steps to improve training and responsiveness. “However, the Special Counsel concluded these actions do not adequately address the VA’s lack of oversight of its back-up call centers,” the OSC said, noting that some case outcomes were not tracked.
- In a **Washington VA Medical Center**, staff registered nurse John Leahy in 2014 disclosed to the Special Counsel that the facility had failed to test flexible endoscopes for leaks before 2008. “Using a leak testing method, Mr. Leahy discovered leaking endoscopes and, in response, developed new procedures for the clinic,” asserting that VA should have notified the patients of the faulty equipment, OSC said. “The VA maintains that visual leak inspections and the use of disinfects were sufficient to identify and address any biohazards in its endoscopes before reusing them,” OSC’s statement said. But the whistleblower provided endoscope manufacturer guidelines and other information that appears to contradict the VA, according to OSC. VA also said it did not need to notify patients because it had found no evidence of an “adverse event.” OSC said VA should have convened a clinical review board and the Special Counsel’s office remains unconvinced that VA’s position is “reasonable and supported by the facts.” [Source: GovExec.com | Charles S. Clark | April 8, 2016 ++]

## VA Appeals Update

### White House Want Congressional Overhaul

White House officials are pushing Congress to overhaul the appeals process for veterans benefits claims this year, noting the shrinking legislative window and calling the system a disaster. “We’re failing veterans,” said Veterans Affairs Deputy Secretary Sloan Gibson. “This process is failing veterans. Nobody can defend the status quo here.” More than 440,000 veterans have appeals cases pending in the benefits system, a caseload that has risen steadily in recent years as officials have focused on pulling down the number of backlogged first-time claims. But VA officials have insisted the two aren’t connected, noting the percentage of cases appealed has remained steady. Instead, the problem has been the rising number of total claims from veterans, as more troops deal with issues from the wars in Iraq, Afghanistan and even Vietnam.

Today, the average completion time for appeals cases decided by the Veterans Benefits Administration is three years, the average for cases decided by the Board of Veterans Appeals is five years. Officials have not seen increases in the rate of success among the appeals, but have noted that the process is frustratingly cumbersome for both veterans and staff. VA leaders have floated a plan to get that process down to under a year and a half for most cases, but they need congressional intervention to rework filing timelines and evidence submission rules. They’re hoping the veterans omnibus looming in the Senate will include those changes, and are making another lobbying push this week for its inclusion. That includes a new White House explainer on Medium on Wednesday morning that states “it has become obvious that this is the time for change” and reminds lawmakers that VA can’t fix the problem without their help.

Gibson said he worries that with the short legislative schedule this summer and impending change of presidential administrations next year, the momentum built within the veterans community for change could easily be lost. “Today, we have appeals that have been iterating for 25 years, that have been decided 25 or 30 different times over that process,” Gibson said. “That’s not right. It’s not right for veterans and it’s not right for taxpayers.” Earlier this week, Senate Veterans’ Affairs Committee Chairman Johnny Isakson (R-GA) said that appeals reform will be included in the pending omnibus, but warned it might not be the comprehensive plan floated by VA officials in recent months. The omnibus already is expected to include sweeping new changes to hiring and firing rules for VA employees, changes to the department’s outside care programs, caregiver provisions and several dozen other pieces of veterans legislation.

Isakson said he is committed to helping overhaul the process this year — either through the omnibus or in separate legislation — but conceded that passing any comprehensive legislation after June 1 will be difficult, given the shift in attention to the fall elections. Both Gibson and Isakson said one point of difficulty now is the cost of the proposed reforms. The Congressional Budget Office is expected to put a price tag on the ideas in coming days. Gibson said he does not expect the costs of the changes to be overwhelming, given that most of the changes deal with placing tighter timelines on new case submissions and decision deadlines. But clearing out the current caseload will require more staff and resources, which means more money.

The White House has support from veterans advocates for the change, and Gibson said congressional staffers have been generally supportive of the plans thus far. Crafting the new guidelines has been a speedy process for department officials, who consulted with outside groups in recent months to create a more customer service-centered proposal. Now the question is whether that support can translate into congressional action. “We’re determined to get this done,” Gibson said. “We understand the process is broken. The challenge we have now is that our window is closing.” [Source: Military Times | Leo Shane | April 13, 2016 ++]

## **VA Commission on Care Update**

### ***Eliminate All VAMCs & OPCs***

A blue-ribbon panel created to evaluate the Veterans Affairs health system is weighing a radical proposal to eliminate all VA medical centers and outpatient facilities in the next 20 years and transition 9 million veterans to the private sector for health care. A 34-page “strawman document” floated last week by seven of 15 members of the VA Commission on Care calls for giving all veterans immediate access to private health services and closing VA health facilities gradually, starting with those that are obsolete or underutilized in a process similar to a base realignment and closure. VA eventually would become “primarily a payer,” much like Medicare, under the proposal.

Of the seven commission members whose names appear on the document, three are from the private sector and one is a board member of a veterans advocacy group that has proposed its own plan to expand privatized health care for veterans. Commissioner David Blom, president and CEO of the OhioHealth system, is credited as author of the report, with input from the six other members. Blom wrote that the health care needs of veterans are not being met under the current system and that the goal is to "meet the needs of every veteran." "The commission finds the current VA health care system is seriously broken, and because of the breadth and depth of the shortfalls, there is no efficient path to repair it," Blom and other commission members wrote in the report, created as part of an overall effort to explore VA health reform options.

Under the proposal, veterans would be able to receive care at any provider that accepts VA payments or Medicare. Doctors would be reimbursed at rates 5 percent to 10 percent higher than Medicare rates to encourage them to participate. The proposal, introduced at the commission's March meeting, earned immediate condemnation from some veterans organizations as well as VA officials, who say the VA health system performs significantly better on outpatient measures than civilian, Medicare and Medicaid health maintenance organizations.

Eight veterans organizations — including Disabled American Veterans, American Legion, Veterans of Foreign Wars, Vietnam Veterans of America and Iraq and Afghanistan Veterans of America — sent a letter 3 MAR to Commission Chairwoman Nancy Schlichting denouncing the document. "We are greatly alarmed by the proposed strawman document that was developed and drafted outside the open commission process ... without the input or even knowledge of the other commissioners," wrote organization officials. "What is most unsettling about the 'proposed strawman document' is the utter lack of consideration that veterans would want to improve and expand the VA health care system." A copy of their letter is available in the attachment to this bulletin titled, "[Joint VSO Ltr to the CoC](#)".

VA Undersecretary of Health Dr. David Shulkin told commissioners 23 MAR that VA already is undergoing a "bold transformation" to improve care at in-house health facilities and streamline the Veterans Choice program to improve services. He added that the VA has an "understanding of the consequences of military exposure, PTSD, polytrauma care, prosthetics and other types of care unrivaled by any other health care system" and said any reform recommendations must not impede the "contract VA has with veterans" to provide state-of-the-art care. Commission chairwoman Nancy Schlichting, CEO of the Henry Ford Health System, told syndicated columnist Tom Philpott that she asked Blom to create the document. She said that by definition, "it's to be evaluated, criticized and considered as part of our discussion."

Disabled American Veterans executive director Garry Augustine said the veterans services organizations that oppose the plan sense that the commissioners who developed this particular proposal also believe it. "In this regard, there was a lot of discussion leading up to this document that makes us believe the people who put this together are very serious about pushing this agenda," Augustine said during an interview 1 APR. American Legion officials questioned the motives of the commissioners whose names are on the document, noting medical industry executives, in a release 24 MAR. "Members of a congressionally appointed Commission on Care ... are reportedly pushing lawmakers in Washington to support long-term plans to accelerate privatization of VA health care," American Legion officials wrote. A final report from the commission is due by June. The commission was created by the 2014 Veterans Access, Choice and Accountability Act to make recommendations on reorganizing the Veterans Health Administration and delivering health care to veterans in the next two decades.

The report recommendations echo some proposals set forth by veterans advocacy group Concerned Veterans For America in a VA health reform plan, "Fixing Veterans Health Care," introduced last year. That plan calls for consolidating VA medical facilities under a nonprofit organization chartered by the government and providing care for veterans in the private sector through a government-subsidized health care program similar to the Federal Employees Health Benefit Plan. CVA Vice President of Legislative and Political Action Dan Caldwell said 1 APR that the straw man document — which he characterized as an "incomplete proposal designed to generate debate" — is important to any discussion of VHA reform.

"We are happy to see that more people are looking to expand Choice and give the Veterans Health Administration the tools it needs to better serve our veterans," Caldwell said. "Our proposal makes clear that we do not mandate shutting down VA facilities." Augustine said the straw man devalues a health system that serves the unique needs of veterans. "We look forward to working with the commission to come to consensus with good ideas that will help resolve the issues that

VA has. We are not trying to be obstructionist; we are trying to work with the commission. But we are dead-set against getting rid of the VA," Augustine said. [Source: Military Times | Patricia Kime | April 1, 2016 ++]

## **VA Commission on Care Update**

### ***Strawman Paper Clarified***

Members of a blue-ribbon panel studying VA health care defended the group's work last week, deflecting charges they want to shutter all Veterans Affairs medical facilities in favor of government-paid private care for veterans. Commission on Care member Darin Selnick and chairwoman Nancy Schlichting said last week that a "strawman" paper drafted by seven commissioners "was created to jot down initial ideas" and did not represent a final report from the congressionally mandated group. "The scenario presented is one of several that have been proposed. As the term strawman implies, the document was created by a subset of commissioners to describe their personal ideas ... it represents options on a range of possibilities the commissioners are evaluating,"

Schlichting wrote in a statement on the commission's website <https://commissiononcare.sites.usa.gov>, "We are going to continue to take input, continue to shape [our views] ... No one is going to fully understand our position until we understand our position, and that's not going to happen until we create the final report. And that comes out in June," Selnick said. The 34-page document proposes giving all veterans access to private health services and closing VA health facilities gradually over 20 years, starting with those that are obsolete or underutilized in a process similar to a base realignment and closure. The report also calls for VA to become "primarily a payer," much like Medicare, to provide health care for veterans.

During an interview 8 APR, Selnick, an Air Force veteran and former VA employee who serves as senior adviser to Concerned Veterans for America, said the charges of secrecy simply aren't true. "This [paper] was created at Nancy's direction because a lot of us have ideas. None of the [commission's] working groups know what the others are doing until they present, which is what we did. Nothing was done in secret. This is a normal process," Selnick said. The Commission on Care was created by the 2014 Veterans Access, Choice and Accountability Act to make recommendations on reorganizing the Veterans Health Administration and delivering health care to veterans in the next two decades. Members were appointed by President Obama or a bipartisan group of congressional members. Veterans service organizations expressed concerns about the professional background of many commissioners — at least six come from nonprofit private health care organizations — or, in the case of Selnick, played a role in drafting a report released last year by CVA, "Fixing Veterans Health Care."

Selnick said "no one on the commission represents the agencies they work for" and noted that 11 of 15 commissioners are veterans, and six of the seven commissioners who drafted the strawman are former service members. "This media-veterans organization-VA-whomever-else-is continuing to talk about the strawman, which is not going to be, in any way shape or form, the final document, is doing a disservice to the commission and to the veterans," Selnick said. "Please come to our meetings and hear what's going on and let us do our job." The commission has held eight meetings in Washington and one in Dallas. It has another scheduled for April 18-19 in Washington. Schlichting said interested parties, including veterans, families, veterans service organizations, VA employees, elected officials and taxpayers are encouraged to provide input, either in person or through the commission's website. "The Commission is committed to a vision of transforming veterans' health care to enhance access, choice, quality, and well-being," Schlichting said. [Source: Military Times | Patricia Kime | April 11, 2016 ++]

## **VA Vet Choice Program Update**

### ***Behind \$878M in Vet Care Payments***

When news broke in 2014 that the Department of Veterans Affairs (VA) was covering up dangerously long wait times at VA clinics, the administration was quickly buried in an avalanche of bad press. Congress responded by creating the Choice Card program, which allows veterans facing long wait times to seek care from private doctors. Now that program, too, has encountered a serious problem. The VA reportedly hasn't been paying these out-of-network doctors. Despite the program's \$10 billion budget, the VA is behind on \$878 million in payments for emergency services rendered at non-VA



hospitals throughout the nation, according to testimony delivered to Congress by Vince Leist on behalf of the American Hospital Association (AHA).

That's giving these hospitals pause when it comes to working with the VA to treat veterans. "While we are very dedicated to serving the veterans in our community, and we accept each and every one who walks through our doors, we have decided against contracting with the VA due to slow or no payment for claims and the bureaucracy involved with getting claims through the payment process," Leist, the chief executive officer of an Arkansas healthcare system, told Congress last June. Some have reported being hounded by bill collectors, while many others find the program too confusing to navigate. Part of the problem is the speed with which the program was introduced, according to the private companies contracted by the VA to handle referrals and process payments. The program began on Nov. 5, 2014, just a few months after President Obama signed the Choice Act into law. "Within record time, we created the infrastructure, hired and trained hundreds of staff, and mailed Choice Cards to the four million veterans in our area of responsibility," a public relations team from Triwest, the firm that administers the program in the West and parts of the South, told Healthline in an email. "We continue to work alongside the VA to refine the program to help improve upon its original structure as the program is matured," they wrote.

Since its inception, the Choice Card program has been adjusted in several ways in response to user complaints. Originally, veterans were eligible to use the program if they had to wait more than 30 days past the time a doctor recommended they be treated, or if they lived more than 40 miles from the nearest VA clinic as measured by a straight line. Now, veterans are eligible if they have to wait any amount of time longer than what the doctor recommends, or if they live more than 40 miles away in terms of driving distance. Most recently, the VA eliminated the requirement that veterans' medical records must be received in order to process claims. The move was meant to streamline payments, and was applauded by Triwest and Health Net, the other health insurance company contracted by the VA. But Carlos Fuentes, a policy advisor with the Veterans of Foreign Wars (VFW), is skeptical that decoupling medical records from payments is the right approach. "We're actually supportive of tying payment and medical documentation and we don't completely agree that that was what was causing the delay," he told Healthline.

One of the benefits of the VA system is that it provides "integrated care," he said, meaning that doctors can track a patient's medical history and progress even if different doctors at different places saw that patient. Keeping track of medical records is an important part of such care, he said. Indeed, of the recommendations that Leist made to Congress last year, removing the medical records requirement was not among them. He suggested that the VA commit to accepting or denying a claim within seven days and paying approved claims within 30 days. The administration should also be clear about why it denies claims. Fuentes also cited poor communication as a major roadblock to processing claims, as well as an outdated paperwork system that relies heavily on actual paper rather than electronic records.

In a press release, the VA said it "is moving forward on two paths to further improve timely payment." First, VA officials are working toward a single community care program that is easy to understand, simple to administer, and meets the needs of veterans, community providers, and VA staff. Secondly, VA officials plan to pursue a claims solution that moves to a more automated process for payment. Marilyn Park, a lobbyist with the American Federation of Government Employees (AFGE), a union that includes VA employees, says the Choice Program took resources away from the already underfunded and understaffed VA hospital network. We want the veterans to get the care they prefer and we want veterans to get the comprehensive and integrated care that they were promised.

"It's simple physics," Park told Healthline. "Demand's going up and resources for staff are not meeting it at all." Veterans themselves prefer the VA, she said, citing polling commissioned by the Vet Voice Foundation, a nonprofit. That poll found that 64 percent of veterans oppose privatizing their healthcare. "We want the veterans to get the care they prefer and we want veterans to get the comprehensive and integrated care that they were promised," she said. When the Choice Card program expires in 2017, it will likely be folded into a new program consolidating the eight private payer programs administered by the VA. The union supports that plan, Park said. Payment woes are "another example of why the VA needs to reassert control and do a smart version of contract care," she said. [Source: Healthline News | Rose Rimler | April 11, 2016 ++]

The Veterans Affairs Department is weighing whether to add several diseases to the list of health conditions presumed in Vietnam veterans to be caused by exposure to Agent Orange. A VA working group is studying a report issued in March by the Institute of Medicine to determine whether bladder cancer, hypothyroidism and Parkinson's-like symptoms — illnesses the IOM said may be more strongly linked to exposure than previously thought — should automatically make a Vietnam veteran eligible for VA disability benefits and health care.

According to Dr. Ralph Erickson, VA's chief consultant for post-deployment health services, the group will make a recommendations to VA Secretary Robert McDonald on whether the diseases should be added to a list of 15 already in place. "We are in the midst of a deliberative process, carefully looking at all the IOM committee put in the report and additional information that has come out since," Erickson said. "We will be putting together a VA response that will be brought before senior leaders and ultimately brought before the secretary." The process could take up to two years, a VA spokeswoman added.

Roughly 1 million Vietnam veterans are enrolled in the VA health system, according to the department. Based on a review of data for one year, 5,484 of these veterans have been diagnosed with bladder cancer, 15,983 suffer from hypothyroidism and an estimated 1,833 have Parkinson's-like symptoms. The working group also is looking into the role, if any, Agent Orange exposure has played in the development of hypertension in Vietnam veterans. According to VA, 307,324 Vietnam veterans in the Veterans Health Administration have high blood pressure. "Hypertension has been a question that has been asked," Erickson said. "The cohort of men and women who heroically served their country in uniform and went to Vietnam are in their 60s, 70s and 80s, and these individuals, merely because of their age, are starting to accrue chronic diseases that come with aging. It's a delicate matter to tease out whether someone has hypertension because of their age or whether it would be related to an exposure to Agent Orange."

VA began recognizing diseases associated with herbicide exposure in Vietnam beginning in 1991, naming 15 diseases as presumed to be related, including Hodgkin's disease, multiple myeloma, non-Hodgkin's lymphoma, early-onset peripheral neuropathy, porphyria cutanea tarda, prostate cancer, respiratory cancers, soft-tissue sarcoma, chloracne, type-2 diabetes mellitus, light chain amyloidosis, ischemic heart disease, chronic B-cell leukemias, Parkinson's disease, and spina bifida in offspring of veterans. The most recent IOM report actually downgraded spina bifida in the children of Vietnam veterans, saying research does not support a previously held belief that the disease occurred in offspring of exposed veterans at higher rates. But the change of spina bifida from "limited or suggestive evidence" it is related to exposure to "inadequate or insufficient" evidence should not affect disability payments to the 1,153 descendants of Vietnam veterans who receive them, Veterans Benefits Administration senior adviser for compensation services Brad Flohr said.

VA recommends that veterans who have an illness they believe is related to Agent Orange exposure file a claim; they are considered on a case-by-case basis if the illness is not on the presumptive condition list. Should new diseases be added to the list, the regulation would go into effect 30 days after it is published in the Federal Register. If a veteran dies of a condition determined to be a presumptive condition after the veteran's death, VA will provide dependency and indemnity compensation benefits to eligible spouses, children and parents of that veteran. [Source: Military Times | Patricia Kime | April 8, 2016 ++]

## VA Lawsuit

### ***Wrongful Death / Tom Young Suicide***

The family of a suburban veteran is suing the Veterans Administration and its suicide hotline, claiming Army veteran Tom Young's calls to the hotline were mishandled, resulting in his suicide. On 5 APR, his widow and two daughters filed a wrongful death lawsuit in Cook County claiming the VA was negligent. The \$18 million lawsuit essentially claims that the VA and the contractor hired to help run its suicide hotline had abandoned the Iraqi War veteran. The I-Team first reported about Young's suicide last month, after learning that he had been sent to voicemail when he needed help.

During two tours of duty in Iraq and seven years in the service, Young learned the military mantra: No Man Left Behind. However, the family claims that the VA left him behind by failing to respond to Young's calls to its crisis hotline in a timely and proper manner. When Young, 30, was seeking help in dealing with suicidal thoughts, his call was instead routed to voicemail. "We are alleging that Mr. Young contacted the veteran crisis hotline as he was supposed to do, and his call was

placed into a voicemail system, and not responded to until after he had taken his own life on 23 JUL of last year," said Kenneth Hoffman, an attorney for the Young family. Last July, Young sat in the way of a Metra train the day after he was put off by the VA hotline and after he was put on the waiting list at Hines VA Hospital because there was no available beds in the suicide unit. "He took his life and the day after, we got a call from the VA that a bed was available and then about 20 minutes later, we got a call from the suicide hotline returning his call," said Will Young, his brother.

On 6 APR, a similar federal claim laying out a suicide hotline fiasco is expected to be filed in Chicago by Young's estate, claiming that an outsourced contractor mishandled Young's call. The claim states that Young was sent to voicemail and that the VA failed to provide help, as well as improperly trained its staff to help veterans in need. "Tom Young put his life on the line for his country and when he needed his country's help we weren't there for him," Hoffman said. VA has blamed contractor and says similar call are no longer transferred. The New York-based contractor that handles the crisis hotline did not immediately respond to a request for comment. The contractor's other big crisis hotline client is the National Football League. [Source: ABC-7 Eyewitness News | Chuck Goudie, Christine Tressel, and Barb Markoff | April 05, 2016 ++]

## **VA HBPC Update**

### ***Servicing Health Care Needs in Vet's Homes***

Home Based Primary Care (HBPC) is a VA health care program provided to Veterans in their home for those who have complex health care needs for which routine clinic-based care is not effective. It is one of VA's programs that ensure the right care, at the right time, in the right setting is available to veterans all over the nation. It offers long-term patients this kind of care an alternative to nursing home placement; minimizes the amount of follow up in an Ambulatory Care Clinic; prevents premature admissions to long-term care institutions; maintains optimal physical, cognitive, and psychosocial functioning; and allows the patient the option of dying at home rather than in an institution.

The HBPC team at the Durham VAMC in North Carolina is comprised of physician, physician assistant/nurse practitioner, social worker, occupational/physical therapy team, pharmacist, dietitian, psychologist and access to chaplain services. Occupational Therapy Month (April) provides an opportunity to learn more about this important profession that helps Veterans across the lifespan do the things they want to do and live life to its fullest. Occupational therapists focus on "doing," using occupations and meaningful life activities to help individuals maximize their potential.

Today, comprehensive primary care requires a coordinated team-based approach that promotes shared decision-making, sustained relationships with patients and families, and quality improvement activities. In contrast to services reimbursed by other funding mechanisms such as Medicare, HBPC provides comprehensive care of the patient often for the remainder of their life. It targets frail, chronically ill Veterans who require interdisciplinary health care teams, continuity, coordination of care, and the integration of diverse services to cover their complex medical, social, rehabilitative, and behavioral care needs. To manage the complex health problems of chronically or terminally ill patients, HBPC is provided directly by an interdisciplinary team. This team promotes collaboration and coordination among all team members. The team members work interdependently in assessing, planning, problem solving, and decision-making to meet the complex needs of Veterans.

The use of Occupational Therapy within the HBPC at the Durham VAMC is a non-traditional approach for the use of OT services with a proactive focus on prevention, education and wellness. This contrasts from traditional home therapy services which have a short-term, rehabilitative or restorative focus. Occupational Therapists contribute to the team by performing the initial and ongoing assessments of the Veteran's functional status in the home environment. This allows them to monitor and support clients as they go through the natural aging process and into the end-of-life. Occupational Therapists also evaluate the Veteran's home for safety and structural modifications needed to make the home environment safe and accessible, including adaptive equipment needs. Occupational Therapists maximize function and safety in the home environment supporting Veterans' goal to remain in their home during the aging process.

Other important interventions include helping with lifestyle modification to minimize the impacts of chronic conditions such as chronic obstructive pulmonary disease, diabetes and dementia. They also focus on safety and falls prevention within the home environment. There are numerous other unseen tasks involving a lot of important details such as



educating the Veteran and their families about access to VA or community resources including grants to assist with modifying their home and automobile for accessibility, home repair resources and community transportation options. As the largest health care system in the nation, VA is the single largest employer of occupational therapists, whose primary goal is to help Veterans optimize their functional performance in areas that are meaningful to their lives. [Source: Veterans Health | Hans Petersen | April 5, 2016 ++]

## **VA Claims Processing Update**

### **14,000 Fiduciary Errors Discovered**

The Veterans Affairs Department has discovered claims processing errors affecting about 14,000 veterans and survivors — a problem that goes back as least 15 years. The errors occurred when veterans and survivors filed claims but, because of disability or age, were deemed unable to manage their benefits without assistance, VA officials said. The VA then failed to appoint a representative for the veteran, a family member in most cases. The department became aware of the issue when it received inquiries in June and July from affected beneficiaries or their families, said VA spokeswoman Meagan Heup.

In a 14 MAR statement, VA officials said they caught the error using an information technology system called the Beneficiary Fiduciary Field System that was first deployed in 2014. Until then, they used an “antiquated, stand-alone database that did not interact with any other VA programs and allowed for only minimal workload management with virtually no oversight.” Before then, regional officers were relying on “manual processes, including email correspondence,” to transfer cases to its fiduciary staff, Heup said. The VA has since modified its system to eliminate the manual elements and “better track this workload.” A review of affected veterans’ cases by the Veterans Benefits Administration was completed in November. It is working to determine how much is due to beneficiaries. “We sincerely apologize to these veterans and their survivors for this regrettable delay,” VA Deputy Secretary Sloan Gibson said in the statement.

It’s unclear how long the problem has been going on, Heup said, because the VA is not able to collect data prior to 2000. Additionally, the VA has yet to conduct a review to identify beneficiaries who died waiting for their cases to be processed. VA officials said they have set up a team dedicated to reviewing the cases immediately, with a plan to complete the claims processing steps and appoint an appropriate representative as soon as possible. However, the process could take as long as six months to complete because the law requires the VA to meet with fiduciary representatives face-to-face and check their qualifications, officials said. In the meantime, beneficiaries will receive their monthly benefits.

The development comes on the heels of a joint study between Harvard University and veterans advocacy groups that reported the VA had wrongfully denied services to approximately 125,000 post-9/11 veterans who received other than honorable discharges. A few weeks prior to that, members of Congress proposed a bill to return approximately \$78 million erroneously deducted from combat-wounded veterans’ severance pay for 25 years by the Pentagon, an error that may have affected upwards of 13,000 troops. For more information, veterans and survivors may call 1-888-407-0144. [Source: Stars and Stripes | Matthew M. Burke | April 1, 2016 ++]

## **GI Bill Update**

### **Stipend for Work Vice School**

For those leaving the service who want to go to work instead of school, the GI Bill can help pay the bills for a training position as an apprentice or on-the-job learner, through a union or training for certification. At the VA website [http://www.benefits.va.gov/GIBILL/resources/benefits\\_resources/rates/ch33/ch33rates080115.asp](http://www.benefits.va.gov/GIBILL/resources/benefits_resources/rates/ch33/ch33rates080115.asp) the details of the program can be found. Following is a snapshot of what is available to vets:

1. **It’s not just for education.** For apprentices, the Post-9/11 GI Bill stipend will supplement your entry-level wage with the equivalent of the Basic Allowance for Housing of an E-5 with dependents. Just as the benefit is used to offset tuition costs, these funds will help on-the-job trainees and apprentices to supplement the wages from your employer, which must be at least 50 percent of journeyman wage. You won’t get rich, but the benefit will help get you to a livable situation.

2. **Payment rates.** Monthly Housing Allowance dollars diminish as your training progresses. The Post-9/11 GI Bill payment rates are as follows:

- 100 percent of your applicable MHA during the first six months
- 80 percent of your applicable MHA during the second six months of training
- 60 percent during the third six months of training
- 40 percent during the fourth six months of training
- 20 percent during the remainder of the training

All other GI Bill programs:

- 75 percent of the full-time GI Bill rate for the first six months of training
- 55 percent for the second six months of training
- 35 percent for the remainder of the training program

3. **The reward.** But the dollars also rise over time, with wages increasing even as your GI Bill benefit is winding down. As you advance in your learning, you'll earn your way into higher-paid skill sets, so that by the end of your apprenticeship, you should be getting paid at least 85 percent of the wage for a fully trained employee. That's a VA requirement for employers. The VA expects a "reasonable certainty" the job you've trained for will be available after your training.

4. **Finding a program.** To use the on-the-job stipend, you'll need to find an employer with an approved apprenticeship or on-the-job training program. VA keeps a list of qualified employers. Employers can be private companies or government agencies. They must issue a job certification or journeyman status at the end of training. The State Approving Agencies approve programs in their states. On-the-job training can be found in a range of industries and professions: firefighting, plumbing, hotel management, to name a few.

5. **Prepare for heavy lifting.** While apprenticeship requirements vary, most unions expect a trainee to put in 2,000 hours for every calendar year of their apprenticeship, along with 100 to 200 hours of classroom training each year, according to the AFL-CIO. In addition, there are written and practical hands-on exams.

6. **Plan to make the money last.** The average starting wage for an apprentice is approximately \$15 per hour, according to the Department of Labor, and the GI Bill pays only once a month, after VA receives certification of hours worked from your employer or union, so you'll have to budget thoughtfully. The up side: The average wage for a fully proficient worker who completed an apprenticeship is roughly \$50,000 a year.

7. **"Certain restrictions apply."** As the saying goes. To claim the stipend, you'll need to work full time in an entry-level job. You must be new to the job and new to the field, a true beginner, and the position must require at least six months of training. Your work must be supervised at least half the time, and your employer has to document what you do. Once all these pieces are in place, you're ready to start working toward a new career, with help from your military benefits.

[Source: Military Times | Adam Stone | March 28, 2016 ++]

## VA Services Update

### ***Bad Ideas to Improve Them | DAV***

Operation: **Keep the Promise** (OKTP) is a yearlong effort to mobilize DAV and supporters behind their legislative agenda. In 2016, DAV will focus on veterans health care reform. Given the current policy debates about veterans health care, and proposals being put forward, we believe this is a defining moment for America's veterans. Many of the ideas for reform have not been clearly defined by the people and organizations espousing them, so DAV has performed their own analysis of the impact on veterans. They encourage people to take a deeper look at the current proposals and ask thoughtful questions about how some reform ideas would affect veterans who choose and rely on VA for their care. They believe that many of these proposals are not good for veterans. "The real solution for veterans health care is to seamlessly integrate community care into an improved VA system to form local networks that ensure veterans get the best health care, when and where they need it." Following is what DAV has to say about what they feel are five bad ideas for Vets:

1. **Bad idea for veterans...** Reducing VA to just “centers of excellence” will shrink the number of VA medical centers and clinics, putting them farther apart and primarily in urban areas. Hundreds of thousands of disabled veterans would be forced to travel farther or wait longer to access care. A better solution... Expand access and improve timeliness by creating a nationwide system of urgent care for veterans and expanding telemedicine and web-based health services. Listen to: [https://support.google.com/youtube/?p=report\\_playback](https://support.google.com/youtube/?p=report_playback)

2. **A bad idea for veterans...** Having the VA only treat combat or service-related injuries to reduce the demand for care is completely contrary to best practices in medicine – treating the whole patient. It will fracture care between VA and private providers, leading to less coordinated and lower quality care. A better solution... Ensure that VA resources are properly aligned with demand for necessary medical services, and are available when and where veterans need them. Listen to: <https://www.youtube.com/watch?v=0zAOjbFELwc>

3. **A bad idea for veterans...** Turning the VA into an insurance program to pay for private sector care will just create a new government bureaucracy, and get rid of all the expertise VA medical staff has regarding the unique needs of veterans. A better solution... Seamlessly integrate community care into the VA system to create veterans health care networks in every local market, providing a continuum of care for veterans and new, high-quality care options. Listen to: <https://youtu.be/bY5lr8KG1Ko>.

4. **A bad idea for veterans...** Giving veterans plastic cards or vouchers to go buy health care in the private sector assumes that private providers are ready and able to take on the care of millions of veterans. They are not. A better solution... Empower veterans by eliminating arbitrary access standards, like the current 30-day and 40-mile standards for “choice,” and allow veterans and their doctors to decide when and where to get care, without bureaucrats in the middle. Listen to <https://youtu.be/WXKthCMwtDo>.

5. **A bad idea for veterans...** Privatizing VA health care or transferring governance of VA to an independent entity, similar to Amtrak or the U.S. Postal Service, will shift management of the VA to an unaccountable entity driven by corporate considerations, with little oversight by Congress or veterans themselves. A better solution... Transfer more of VA’s nonmedical support services, like construction, facility maintenance and IT infrastructure, to the private sector. Allow the VA to focus on its core mission of providing high-quality care to injured and ill veterans. Listen to: <https://youtu.be/KXrw8z6q-IU>. [Source: Disabled American Veterans | April 3, 2016 ++]

## **VA Health Care Access Update**

### **Wait Time Falsification**

USA Today reports that findings from the VA Inspector General’s report about VA supervisors instructing staff to falsify patient wait times at Veterans Affairs medical facilities in at least seven States to show they met performance measures. The USA Today article reports on the wide-spread scheduling manipulation was throughout the VA in 2014. It said the manipulations gave the false impression that wait times at facilities in Arkansas, California, Delaware, Illinois, New York, Texas and Vermont met agency targets. Refer to VA’s Undersecretary of Health video [http://videos.usatoday.net/Brightcove2/29906170001/2016/04/29906170001\\_4832920198001\\_4832803806001.mp4](http://videos.usatoday.net/Brightcove2/29906170001/2016/04/29906170001_4832920198001_4832803806001.mp4) to listen to the importance of having correct data on wait times.

The article is based on 70 reports released following a Freedom of Information Act request from USA Today. About half of the 70 reports are from investigations that were completed more than a year ago. Investigations launched by the inspector general into more than 100 facilities after the Phoenix scandal found that manipulations had been going on in some cases for as long as a decade. In efforts to help resolve the problems Dr. Shulkin, VA Undersecretary for Health says, “We’ve expanded appointments, we have added evening hours and weekend hours, we’ve added 3 million square feet of space, we’ve hired 14,000 new providers.” But VA whistle-blowers say schedulers still are manipulating wait times.

Shea Wilkes, co-director of a group of more than 40 whistle-blowers from VA medical facilities in more than a dozen States, said the group continues to hear about it from employees across the country who are scared to come forward. “Until the VA decides it truly wants to change its corrupt and poor culture, those who work on the front lines and possess the true knowledge relating to the VA’s continued data manipulation will remain quiet and in hiding because of fear of

workplace harassment and retaliation,” said Wilkes, a social worker at the VA Medical Center in Shreveport, La. To read the conclusions of the reports published to date refer to the attachment to this Bulletin titled, “**VA OIG Wait Time Report Summary 2016**”.

NAUS Note: *The House Veterans’ Affairs Committee has been working to address many of the problems in the VA system. We question where the Senate Veterans’ Affairs Committee and Chairman Sen. Johnny Isakson (R-GA) have been? Delays and lack of action leave us baffled. Why is the SVAC not exercising more of its oversight responsibilities with the urgency these types of scandalous reports demand?* [Source: NAUS Weekly Update | April 08, 2016 ++]

## **VAMC St. Cloud MN Update**

### **New Debt Collection Policy**

If you or a loved one owes money to the St. Cloud VA Medical Center, then there is something new you need to know. The VA will start using private collection companies and will also begin reporting outstanding debt to credit bureaus. The new policy is called "cross servicing" and it was made possible by a debt collection law passed in 1996. "All the co-pays and other bills, which veterans pay which are minimal, go right back to help take care of other veterans. The VA is not doing this just to be a bunch of hard cases," says VA Public Affairs Officer Barry Venable. Vets will get three billing statements mailed to them before the debt is turned over to collections after 90 days without a payment. "The system is built on the premise that so much of the revenue will be generated by billing and it's important that everyone takes care of their debts so that others can be taken care of," says Venable. **The new policy will be used nationwide starting in May.** If you are having trouble paying your VA medical bill contact the VA to work out a payment plan or to see if there are any programs available for help. The number is 1-866-400-1238. [Source: KNSI Radio | Jake Judd | April 05, 2016 ++]

## **Burn Pit Toxic Exposure Update**

### **Vet Denied VA Treatment Dies**

A decorated Army veteran who battled the VA over treatment for cancer he claimed to have gotten from working over burn pits in Iraq has died, his family said 4 APR. Former Army Sgt. **John Marshall**, who went to his grave believing his cancer was caused by standing over burn pits where the military disposed of everything from disabled IEDs to lithium batteries, died at his home in Surprise, Ariz., 29 MAR. He was 31, and left behind a wife and two young children. "John was the type of guy who touched people even if he didn't know them that long," said Marshall's wife and fellow veteran, Ashley. "The amount of people that have come from all over to offer condolences has been amazing and overwhelming. I knew John was a great person, but it shouldn't have amazed me as it did that so many other people thought so, too."

In February, FoxNews.com wrote about Marshall's struggle after being diagnosed with soft tissue sarcoma two years ago. He claimed the VA ruled his illness was not related to his service, and Marshall said he was unable to appeal the ruling with evidence because he was laid up in a hospital bed in January 2015 with pneumonia. "It's all just a big slap in the face," Marshall told FoxNews.com. "I tried to be the perfect soldier. I did everything I was told, and now they just forced my claim through and denied coverage and my benefits."

VA officials told FoxNews.com at the time that they would re-examine his case, but by then, Marshall's cancer had reached the terminal phase, according to his wife. The family raised money for his private medical treatment through a <https://www.gofundme.com/veteranmarshall> page, where friends and strangers continued to offer support on Monday. "As retired Army, we are saddened that the VA did not come through for you," wrote Bob and Edna Woods in a post that accompanied a donation. "You and your family are in our prayers. God bless!" "The support for my husband is so heartwarming and beyond what I ever thought would happen when this journey started," Ashley Marshall wrote on the site.

Marshall told FoxNews.com he had no doubt that the soft tissue sarcoma he was diagnosed with 14 months ago is a result of his work on Improvised Explosive Device Disposal (IEDD) units. "During my second tour, we were providing security for the EOD [Explosive Ordnance Disposal] guys," he said. "We didn't know what we were blowing up, so it's possible that there we were exposed to something toxic. We stood over open burn pits." An October 2013 report from the United

States Government Accountability Office identified open burn pits as the likely cause of long-term health issues for many veterans returning from service in the Middle East. "The U.S. military returning from Iraq and Afghanistan may be suffering chronic, long-term health issues as a result of exposure to toxic fumes from open burn pits," reads the report. "Defense contractors have used burn pits at the majority of U.S. military bases in the Middle East as a method of military waste disposal. All kinds of toxic waste have been incinerated in these open burn pits, including human waste, plastics, hazardous medical waste, lithium batteries, tires, hydraulic fluids and vehicles -- often using jet fuel as an accelerant." [Source: Fox News | Perry Chiaramonte | April 05, 2016 ++]

## **Vet Jobs Update**

### **OPM Lacks Vet Advocacy Office**

The Office of Personnel Management should have a special office dedicated to helping disabled veterans apply for jobs, according to Sen. Heidi Heitkamp (D-ND). During a Senate discussion about [www.USAJobs.gov](http://www.USAJobs.gov), the OPM-managed federal job-search website, Heitkamp suggested that disabled veterans might need extra help navigating the process. "They should have somebody within the system who is their advocate," to look at applicants' skill sets and connect them to jobs for which they are qualified, "as opposed to a system that automatically assumes qualification," she said during the discussion, which was hosted by the Homeland Security and Governmental Affairs Committee. "Why don't we create an office within OPM of advocacy for disabled veterans so that those professionals would be looking for opportunities not just to give somebody a job, but to give them a job that they can be . . . enriched in?" Heitkamp said. There have been other efforts in the past year to improve online benefits for veterans. In November, the Veterans Affairs Department unveiled [www.Vets.gov](http://www.Vets.gov), a website eventually aiming to link to more than 1,000 veteran-related services. [Source: Nextgov | Mohana Ravindranath | April 12, 2016 ++]

## **Veterans in Government Update**

### **Most Lack Military Background**

Veterans, this is your call to serve. Of the five candidates for President of the United States, Commander-in-Chief of all the armed forces of our country, not one of them is a veteran. None has served on active duty in any of our uniformed services. The fact is that less than 20 percent of Congress is veterans. In 1976 we saw more than 75 percent of Congress having previously served in uniform. Veterans, the phone is ringing loudly; it's your call to continue to serve our community and/or the country by serving in Congress and in State Legislatures across this country.

We all are aware of the increasing threats made by the rogue governments of North Korea, Iran, Russia and China. Russia continues to threaten the U.S. Threats are coming from ISIS and it's becoming more commonplace having to deal with their continuing barbaric assaults on civilized cultures. President Obama has made it his agenda to negotiate with these countries through diplomatic channels, while at the same time, according to many generals, reducing our military strength and power to the lowest it's been since the advent of World War II. Our country also has plenty of challenges regarding the medical care of our veterans. Not only do we have ongoing, enormous problems with the services provided by Veterans Affairs (VA), our active duty components also have their problems with health care.

Wouldn't it make sense to place the welfare of our country in the hands of congressional and state representatives who had served on active duty in the armed forces? Our country's strategic focus should be on being able to negotiate with rogue countries from a position of strength, not weakness. We need to be building and modernizing our armed forces, not reducing them to the point that some leaders question whether the nation's fighting forces can actually meet their mission if we had to go to war. The need is becoming more and more imminent as ISIS and other terrorist groups continue to get bigger and stronger. Today we need militarily-experienced representatives to advocate for military forces adequate for the defense of our nation. Who would be better to represent the voluminous needs of our current active military, and our veterans, before Congress? There is no substitute for the experience of having served when trying to understand the challenges, issues and experiences that military personnel go through from deployments through their post-service years.

With regard to legislative needs, we need our representatives to prevent the erosion of earned military benefits of our retired population, and those who will become retired, in the future. Currently, there are too many proposed cuts to



military benefits. This is balancing the books on the backs of our military. We need representatives that not only understand the issues, but those who can stand up and protect the benefits our veterans have earned and paid for by many sacrifices. The erosion of benefits are evidenced by reductions in retired pay, cost-of-living allowance (COLA) calculations, increases in fees to TRICARE beneficiaries, and multiple attempts to rework the military retirement system.

Folks, all of these issues affect our nation's ability to fight wars when they occur. Today, we are blessed with good recruiting ability. Servicemen and women today are the best they've ever been. But we need to keep our fighting force. Retention of our experienced personnel is essential to building and maintaining our national defenses. Sequestration has adversely impacted all military services. Having representatives in Congress and in state Legislatures who have served in uniform will help to provide alternative solutions to the country's fiscal problems that do not include balancing the budgets on the backs of those in uniform. Public service will be better with the presence of experienced servicemen and women. They possess excellent leadership skills and they have a perspective of military service that many, Americans don't. They also have a level of credibility by asking the tough questions that need to be asked. The other representatives, who haven't served in uniform, need to be constructively challenged by those who have served in uniform.

The battle to maintain and improve the lives of America's national security depends on an all-volunteer force. Veterans service in Congress, and in State Legislatures, is key to preventing the erosion of benefits which negatively impacts recruiting the fighting force; it also diminishes our capability to keep (retain) some of America's finest in uniform. The next generation of military leaders faces a set of challenges that are as daunting as those faced by this generation. With more representation, and challenging debates in Congress and in State Legislatures, our solutions become better and stronger. This sets the stage for a promising and secure future. [Source: Times Record News | March 27, 2016 ++]

## **Korean War Vets**

### **Richard E. Cavazos**

As one version of the story goes, a crippling performance evaluation was pushing then-Brig. Gen. Colin L. Powell's military career toward a dead end when two higher-ranking commanders learned of it. The two generals were horrified to hear Powell tell them over dinner in 1982 that he planned to leave the Army. One of them was a legendary Texas war hero, Gen. Richard E. Cavazos, who decided to intervene. It came as no surprise to those who knew Cavazos that he went out of his way to keep Powell in the Army. The first and only Hispanic four-star general, he is now 85, living his last days, his once-encyclopedic mind ravaged by dementia. It's painful for those he led and mentored. Some weep when talking of it. In recent interviews, they described Cavazos as loyal and fearless, a master tactician, an innovator, a charismatic soldier's soldier. He served as a role model for every Hispanic general who came up through the ranks, retired Army Maj. Gen. Alfredo Valenzuela said.

Cavazos was the son of a Mexican-American cowhand. His father, Lauro Cavazos, came to Kingsville in 1912, fought as an Army artillery sergeant in World War I and became a foreman of the King Ranch's Santa Gertrudis division in an era of intense racism. Being handy with a rope, horses and guns came with the job. Tom Lea's history of the ranch describes Lauro Cavazos as among the 16 "Kineños" and guests, including eight Army soldiers, who repulsed an hours-long attack by 58 cross-border raiders at a house in Norias in 1915 during an era of guerilla violence spun off from the Mexican Revolution. Determined to give their children a life beyond the ranch, Lauro and Thomasa Quintanilla Cavazos put all five of them through college. Lauro Cavazos Jr., became the U.S. education secretary under the first President Bush. Dick Cavazos, their second son, got a degree in geology from Texas Tech University, playing football until breaking a leg his senior year. Studying alongside World War II veterans made an impression.

"He said if you weren't a serious student after you got a look at them, you were when you did," the Vietnam journalist and author Joe Galloway said. "Those guys had lost five years of their lives and they were in such a hurry to get it back and get on with their lives that they were total, zero-BS students. And you didn't want to be sitting in a classroom with them if you were anything less than they were." Cavazos served in ROTC before entering the Army. Eventually he would lead a brigade, a division, an Army corps and finally command all soldiers in the continental United States before retiring in 1984.

But first, he led a company in Korea and a battalion in Vietnam, where he learned that mistakes were as instructive as success. In Korea, he dressed down a sergeant who shot an enemy soldier who could have been captured. Cavazos then

decided to lead the next patrol, and his adrenaline took over when he encountered a North Korean soldier who was carrying pots and pans — a cook, Cisneros said. “And he said, ‘Guess what I did? I put that mother on full automatic and that was the end of it.’” Cisneros said. “Before you chew somebody out, you have to understand that you could probably be in that same situation.”

Cavazos’s first combat came with the Puerto Rican regiment months after its troops fled their observation post, resulting in the court-martial of more than 90 soldiers. He was awarded a Silver Star, the nation’s third-highest decoration for battlefield gallantry, for leading a small group of men to capture an enemy soldier under fire in February, 1953. That summer he earned a Distinguished Service Cross for withdrawing his company from Hill 412 amid heavy shelling and rifle fire and going back to look for missing American troops. He found five and “evacuated them, one at a time, to a point on the reverse slope of the hill from which they could be removed,” states the citation for the medal, the second-highest award for valor. “Lieutenant Cavazos then made two more trips ... searching for casualties and evacuating scattered groups of men who had become confused,” it continued. “Not until he was assured that the hill was cleared did he allow treatment of his own wounds.”

As a 38-year-old colonel in Vietnam, he earned another DSC in 1967 for organizing a counterattack against a battalion-sized enemy force that hit one of his companies near Loc Ninh. “When the fighting reached such close quarters that supporting fire could no longer be used, he completely disregarded his own safety and personally led a determined assault on the enemy positions,” the DSC citation said. “The Viet Cong were overrun and fled their trenches.” Carden, 77, of Biloxi, Mississippi, was then a captain. He observed his boss calmly sitting by a tree and waiting for a round of artillery fire, “absolutely fearless.” “They brought in napalm,” said Ronnie Campsey, a private first class from Devine who is now 73, of Long Island, New York. “You could feel the heat from the napalm just taking the breath out of you, that’s how close we were to it. You could see the enemy moving up the hill to get away from the artillery and the air support.” Cavazos “directed artillery fire on the hilltop, and the insurgents were destroyed as they ran,” the citation states. Bill Fee, a private first class in Campsey’s company who was badly wounded two days later, said most battalion commanders coordinated ground attacks and search-and-destroy missions by radio from defensive perimeters or from helicopters. “Cavazos would have none of that. He was on the ground,” said Fee, 68, of Cincinnati. “He fought with us side by side and he earned our respect.”

Cavazos’ determination to share what he had learned helped shape today’s Army. He was an early supporter of the National Training Center at Fort Irwin, California, a vast desert range used to prepare troops for duty in Iraq and Afghanistan. He was influential in developing the Army’s Battle Command Training Program for higher-ranking officers. Cavazos would never betray a friend, even if it could hurt his chances of promotion, Becton recalled. And well into his retirement, he was still teaching officers how to fight. Sullivan, the retired Army chief of staff, said Cavazos had “a real knack for being able to mentor people, very senior people, that was very open, very candid, and guys responded” because of his experience and credibility.

“They would put them in a tent with their radios and make them fight a battle, like they would have to command a battle in the field,” Galloway said. “And it was Cavazos who would go in and lean over their shoulder at the computer and say, ‘You know, son, I think if you do that you’re going to kill that brigade. Is that what you really want to do?’” Cavazos’ real impact was in the hearts of those he led. “I had the honor of being evaluated by him,” said Valenzuela, who commanded U.S. Army South when it relocated to Joint Base San Antonio-Fort Sam Houston. “When the results were read I told (him) what he meant to us poor Hispanic kids, growing up in the barrios. ... We both cried, not so much on the results, but because of the legacy we both were leaving behind.” [Source: San Antonio Express-News | Sig Christenson | April 2, 2016 ++]

## Vietnam Vets

### Jim Northrup

To prepare his family for his death, Jim Northrup has made a list of potential tombstone epitaphs. They include: “Here’s one deadline I didn’t miss” and “Hey, I can see up your dress from here.” Those who know the award-winning author of short stories, poetry, plays and newspaper columns wouldn’t be surprised that he’s facing death with his signature dry

humor. "There is nothing so serious you can't make a joke about it," said Northrup, a member of the Fond du Lac Band of Lake Superior Chippewa. "And making a joke about it makes it easier for survivors."

Northrup, 72, has kidney cancer. It's moved to his lungs, lymph nodes and brain. A veteran of the Vietnam War, he assumes he is succumbing to the effects of exposure to Agent Orange, an herbicide the U.S. military used during the war to remove trees and other foliage that provided enemy cover "At first I couldn't laugh about it," said Pat Northrup, Jim's wife of nearly 30 years. "Then I couldn't keep crying." One day she sat outside thinking about her grandmother. "She once told me, 'accept death like you accept life,' " she said. "It made sense." These days, Jim is about *minobimaadiziwin*: living the good life. And he says he's already seen what's waiting for him when he dies, when he completes his four-day journey to a western land where many Anishinaabe believe they go when they die. Twice in the hospital, "when I was probably circling the drain," he said, he found himself in a canoe, paddling. He heard voices, laughter and song coming from the shore. He began paddling toward them, he said, hoping to share a story or two of his own. Somebody saw him, and in Ojibwe, told him to leave, that it wasn't his turn. "I'll tell you what I think," he said, in response to a question about Anishinaabe beliefs regarding death. "I am going to have a great time over there."

Northrup served in Vietnam from 1965 to 1966. His experiences as a grunt in the war and dealing with the aftermath at home became a major focus of his writing. His darkly humorous poem "Shrinking Away" deals with coming home and trying unsuccessfully to get professional counseling. "Grandma's Hair" is about an episode of combat in which he discovered an enemy soldier he was exchanging gunfire with was, in fact, a woman. It's a discovery he made after moving closer and shooting the soldier one last time to make sure the person was dead. The shot made her hair tumble out from her hat; hair that looked like his grandmother's.

He was asked to recite some of his work at LZ Lambeau, a 2010 gathering of Wisconsin Vietnam veterans and their family members totaling 70,000 at Lambeau Field in Green Bay. When he was done, he was given a standing ovation. Northrup said he was honored to be asked. "I knew my poetry was being used in vets' groups to help people open up (and) maybe even write their own poetry as part of their healing," he said. "It worked for me, so I hoped it helped (others)."

As a child, Northrup was made to go to a boarding school — one of the federal assimilation schools where Native Americans were forbidden to speak their native language and practice their traditional beliefs. At the Pipestone (Minn.) Indian School, he recalled, he was beaten by both adults and other children and experienced severe homesickness — once attempting to walk home, making it nine miles before he was found. His work describes that experience, along with the changes on the reservation that resulted from the Indian Gaming Regulatory Act of 1988, after which enormous poverty transitioned to financial stability for the band. Northrup writes about racism and politics. He has weighed in on local mining and tribal issues and treaty rights with sharp and honest commentary. "He has really been an articulate witness for incredible and continual change," said Margaret Noodin, Northrup's longtime editor, an assistant professor in the English department at the University of Wisconsin-Milwaukee and director of the Electa Quinney Institute for American Indian Education.

Northrup is a modern Native American storyteller, she said. "It wasn't always from the standpoint of recovery or a victim of colonization," Noodin said, describing his work. "He's really good at saying 'and these are the ways we live our lives right now.' Of Anishinaabe literature, you've got some major voices, and he's definitely one." Despite what happened to him in boarding school, he didn't fear or avoid the educational system unlike so many others, who had very good reason to, Noodin said. "What I always saw in Jim's house was constant encouragement to educate oneself and to engage with education," she said. He graduated from Carlton High School in 1961 and has been told he was the first Native American to graduate from the school. An honorary doctorate of letters degree from Fond du Lac Tribal and Community College hangs in his home. "Jim's gift of humor has always connected him to the people of the Fond du Lac Band," said Larry Anderson, president of the Fond du Lac college and a member of the band. "Jim was born to be an *ogichida* (warrior) and has faced tremendous evils in Vietnam, and many hardships in his life. ... He is extremely intelligent, a man of wisdom, and has always been able to translate his Ojibwe knowledge, his Ojibwe heart and soul, to us who need his good words."

Northrup, whose Ojibwe name is Chibenesi, or large bird, is an ardent keeper of Anishinaabe tradition. He and his wife started a summer Ojibwe language camp on the reservation. They make birch bark winnowing baskets, partake in the yearly sugarbush to make maple syrup and harvest wild rice on the reservation's lakes. Northrup has been a student of

the Ojibwe language for nearly two decades. “It seemed to me I always had a void in my life because I wasn’t fluent,” he said. “There was a hole in my heart because I couldn’t understand; I couldn’t say what I wanted to say in Ojibwe. ... When we came back from boarding school we tried to use the language. The older people said ‘eh, you sound like a white man.’” He’s teaching his 7-month-old great-granddaughter Ojibwe words. “I want her to be familiar with the sounds of it,” he said. “There are sounds not heard in English. She knows ‘gawain.’ Don’t do that.”

Northrup is a mentor to many who admire his use of Ojibwe in his writing, said Heid Erdrich, a well-known author and member of the Turtle Mountain Band of Chippewa. And his work illustrates how Native Americans are part of the larger picture of America, she said. “You always feel like the characters and point of view in Jim’s poems are not trying to make Ojibwe people anything special, but at the same time worthy of existing on this earth, having a right to exist on this earth and wanting to hold our way of life and the beauty of that,” Erdrich said. “He gives a sense of what it means to be in a place and love it and live in it, good and bad.” He also acts as an ambassador, inviting people into his home and his experiences, making lifelong friendships with everyone from neighbors to professors to visitors from other countries, she said, and “there are not many people like that.”

Northrup doesn’t worry about the Anishinaabe traditions he practices dying with him. Two of his sons, who live near him on Northrup Road in Sawyer, come over with their families to gather around the fire when rice is being parched or sap is being boiled. “They sit and listen to the stories that everybody tells,” he said. “We have time for everybody to tell their own story. I’m not worried. Whatever I am doing, it’ll go on.” At 72, Northrup says he feels like he’s lived a long life, considering that the past life expectancy of Native Americans was decades lower. But his grandfather lived to be 105, he said. He’s working on a new collection of short stories, focusing on his longtime character Luke Warmwater. He and his family are in the midst of this year’s sugarbush, which Northrup has juggled with his doctor appointments. The way he’s handled his illness, Noodin said, has shown many people “how to look death in the eye.”

In a community with “extraordinarily high” suicide rates, that’s important, she said. It’s important “for young people to see getting old isn’t pretty and isn’t easy. But there you sit, holding your grandkids. There you sit, telling your stories. And that kind of strength isn’t to be underestimated.” Every morning, Northrup goes outside to his yard, overlooking forested land. In Ojibwe, he recites a prayer: “Thank you for the morning, thank you for the day. Give me a good life today. As the sun comes peeking through the trees, help me help my Anishinaabe people. Help me live a good life. Take care of my wife, my children, my grandchildren and all soldiers. Help me with my health.” He motions to the spirits in the east, south, west and north, and makes an offering of tobacco. “No matter what happens during the day, I am prepared,” he said of the prayer. “If I die today, I am ready. If I die a year from now, I am ready.”[Source: Duluth News Tribune | Jana Hollingsworth | April 3, 2016 ++]

## ***Vet Omnibus Bill***

### ***2016 | Passage by Memorial Day Anticipated***

The Senate Veterans Affairs Committee chairman says he’s confident Congress can still pass a veterans omnibus bill by Memorial Day, despite a brewing fight over new accountability measures for VA employees. Details of the massive reform measure still have not been made public. Sen. Johnny Isakson (R-GA) said he spoke 5 APR to committee Democrats and the White House to build support for his omnibus draft, which will include not only the employment rules but also changes to the VA Choice Card program, new caregivers support, and a host of other issues. “We have a great bill,” Isakson said. “Hopefully the president will get on board. If anybody needs it, he needs it, and our veterans deserve it. I’m optimistic, more so after our conference call.”

Isakson anticipates unveiling the draft legislation within days. While veterans advocates will comb through the plan’s numerous details, most eyes will be focused on the accountability piece. In recent months, VA officials have asked Congress to switch the department’s senior executives to Title 38 status, a technical change which would allow more flexibility in hiring, pay and firing rules. The Senior Executive Association has loudly protested this move, saying it would undermine those executives’ appeal rights and unfairly scapegoat them for the department’s numerous problems. Meanwhile, House Republicans have said those proposals don’t go far enough. House Veterans Affairs Committee Chairman Rep. Jeff Miller (R-FL) has been pushing his own “VA Accountability Act” as a necessary addition to Isakson’s omnibus. That plan, already passed by the House along party lines, would make it easier to fire or demote any VA

employee, not just the few hundred executives covered under the VA proposal. But House Democrats and the White House have strongly opposed that measure, calling it an attempt to undermine federal employment protections.

Miller last week sent a letter to Isakson saying leaving the House-passed bill out of the omnibus would allow VA to continue to “coddle and protect corrupt and incompetent bureaucrats” instead of fixing the problem. On Tuesday, Isakson brushed off that criticism and said he also has concerns with Miller’s proposal. “I’m not going to get into our accountability section until we’re ready to unveil,” he said. “We’ve done a much more comprehensive look at it, to target the real problems and the real areas for accountability. “Anybody can write a letter. We’re going to produce legislation and work with the house to get a joint bill together that solves everybody’s problems when it comes to accountability.”

Isakson also said he’s confident he can craft legislation that the White House will support, unlike the Miller bill. But the final measure still will have to be passed by the House before it can become law, and Miller will play a key role in shepherding the legislation through that chamber or defeating it. Isakson downplayed the idea of conflict between the two committees, calling Miller’s public lobbying on behalf of his own proposal “nothing personal.” House lawmakers return to Capitol Hill from their spring recess 11 APR. Isakson would not say whether his omnibus draft will be waiting for them when they arrive. [Source: Military Times | Leo Shane | April 6, 2016 ++]

## **Vet Groin Injury Legislation**

### **H.R.4892 | Loss of Use Compensation**

A House bill would pay injured veterans who lose their reproductive organs in combat or a service-related accident \$20,000 to start a family or use however they want. Rep. Jeff Miller (R-FL) introduced legislation 11 APR that would compensate veterans for the “loss or loss of use of creative organs,” to help veterans who can't have children as a result of a service-connected condition. Under the bill, veterans would receive \$10,000 in two lump-sum special compensation payments — funds over and above the disability compensation the veteran receives — to be used “at the veteran's discretion.”

According to Miller, chairman of the House Veterans' Affairs Committee, the legislation is designed to give former troops with devastating injuries the funds needed for medical treatment or adoption services. “If a veteran does decide to use this benefit to start a family of their own, the real winners would be the children. Who better to raise America’s next generation than the bravest of our current generation? But no matter how each affected veteran might utilize this benefit, one thing is clear: they earned it,” said Miller, introducing HR 4892. Nearly 1,400 troops in the Iraq and Afghanistan wars experienced injuries to their pelvises, groins or spinal cords that make it difficult or nearly impossible to have children without medical assistance. Others have been injured in accidents that have rendered them infertile as a result of paralysis or traumatic brain injury.

The Defense Department covers the cost of in vitro fertilization and other fertility services for some wounded troops while they remain on active duty and also covers the cost of medications, such as erectile dysfunction medicines, for troops with head injuries that affect fertility. VA covers fertility assessments, counseling and some treatment, such as surgeries, medications and intrauterine insemination for female veterans and surgeries, sperm cryopreservation and sperm retrieval for males. But VA does not cover in vitro fertilization or fertility services for nonveteran spouses.

Miller introduced a bill last year that would have required VA to cover advanced fertility services, including IVF, for veterans whose injuries to reproductive organs or spinal cords hindered their ability to father or bear children. That bill would have allowed VA to cover the costs of up to three in vitro fertilization cycles for affected veterans. Sen. Patty Murray (D-WA) has pushed since 2012 for the Veterans Affairs Department to cover fertility services, including surrogacy, for injured veterans. Her legislation, the Women Veterans and Families Health Services Act, S.469, was introduced last year but did not make it out of committee.

Murray said 12 APR that she will continue pressing for VA to cover IVF and other services for injured personnel, and she had harsh words for Miller's latest proposal, that sidesteps any requirement that VA pay for fertility services, which some members of Congress oppose. “Fulfilling our promise to take care of our veterans shouldn’t be a partisan issue, which is why I’m so disappointed by continued half-measures like this. Simply put, this latest proposal falls far short of covering



the care a veteran and their spouse needs to fulfill their dreams of starting a family," Murray said. [Source: Military Times | Patricia Kime | April 12, 2016 ++]

## **Atomic Veterans Healthcare Parity Act**

### **H.R.3870 | Passage Unlikely**

Congress is considering a bill that would create a special "atomic veteran" designation for the men and women who worked to clean up nuclear waste from a South Pacific atoll nearly 40 years ago, a move that Maine veteran Paul Laird says was a long time coming. But Laird, a 59-year-old from Otisfield who served with the U.S. Army's 84th Engineer Battalion on Enewetak Atoll and who is a three-time cancer survivor, said that the bill has only a slim chance of becoming law — and that is not acceptable to him. As of now, only 30 co-sponsors have officially signed on to the bill, which is a number the Mainer said does not seem like enough. "We are not seeing people jump up and down to get onboard," he said earlier this month. "We're a little disappointed. We're trying however we can to get the word out, but people just don't seem to think it's very important."

The bill, H.R. 3870, is called the Atomic Veterans Healthcare Parity Act, and was introduced last November by U.S. Rep. Mark Takai (D-HI). It was referred to the House subcommittee on health on 6 NOV and has not advanced any farther on its legislative path. The website GovTrack.us, which follows Congress, only gave the bill a 5 percent chance of getting out of committee and a 1 percent chance of being enacted into law. Veterans such as Laird and Jeffery Dean of Belfast want to be designated as so-called atomic veterans so that if they are diagnosed with one of several specific cancers or nonmalignant conditions they can be entitled to compensation or free medical care through the U.S. Department of Veterans Affairs. With this designation, they would not have to prove their cancers were caused by radiation and would likely have an easier time getting a disability rating from the VA.

Laird and Dean were among approximately 6,000 American soldiers tasked with rehabilitating the atoll between 1977 and 1980 before it was returned to the people of the Marshall Islands. The tiny island was the scene of more than 40 nuclear tests from 1948 to 1958, and when the two Mainers were among those told to clean it up with little protective gear, they believe they became contaminated with radioactive dust. "The stuff was like baby powder," Laird said of the contaminated soil he moved with a bulldozer and bucket loader. "When you dumped it in the back of the truck it would just go poof. The first weeks I was there I begged for a dust mask. They said they were on back order and just wrap your T-shirt around your nose."

He said that he is in communication with 340 known surviving veterans from Enewetak Atoll, and of the 340, there is a 35 percent cancer rate. "We have many guys that have already died. We have lots more with a foot in the grave," Laird said. "I've had three different forms of cancer, which is very, very rare. I was in good shape my whole life, then all of a sudden, it was like someone flipped the switch. That's what radiation does." Dean, another cancer survivor, said last year that it is past time for the veterans to get the designation and health care they need. "We're all suffering the consequences," he said. "Vets are dying with no mystery to it." Although the VA could on its own grant what the Enewetak Atoll veterans are asking, so far the agency has not indicated there is a lot of interest in doing that. Last year, a VA spokesperson told the BDN that the agency does not have any data indicating veterans should be concerned over radiological safety and that radiation exposures were "as low as reasonably achievable."

Members of Maine's congressional delegation reached on 30 MAR said that they believe the veterans should be helped. U.S. Rep. Chellie Pingree has signed onto the bill as a co-sponsor and will be added to the official list of co-sponsors when Congress goes back into session next month, according to Willy Ritch, her spokesman. On Wednesday, Ritch said it is impossible to predict the passage of legislation. "There are issues like this that should not be controversial and that can sometimes be attached to other bills that are going through," he said. "A bill doesn't always go through a regular legislative process. It could be added to something else ... You just keep looking for chances to fix the policy. After having served and sacrificed, [these veterans] shouldn't have to be fighting the VA."

U.S. Rep. Bruce Poliquin said on 30 MAR that he has made it a priority to help ensure that veterans are fully supported in every capacity. "In addition to sending a letter to the VA on this matter, Congressman Poliquin is examining all legislation to make sure our veterans are provided the support that they have earned and deserve," the statement from his office

read. U.S. Sens. Susan Collins and Angus King issued a joint statement Wednesday, saying they planned to look closely at the proposed House legislation. "Our veterans have served our nation with honor and distinction, and if they suffer from illnesses resulting from their work in the line of duty, then they deserve support, resources and high quality health care from the VA," they said in the statement. [Source: Bangor Daily News | Abigail Curtis | April 03, 2016 ++]

## VA Suicide Prevention Update

### **H.R.2915/S.2487 | Female Prevention**

Proposed legislation would require the Department of Veterans Affairs to develop gender-specific suicide prevention programs. The "Female Veteran Suicide Prevention Act" (H.R. 2915) directs the VA to identify mental health care and suicide prevention programs and metrics that are most effective in treating women veterans. The legislation, passed by the House of Representatives in early February, was in response to an increase in suicide in female veterans detailed in a recent VA study. Researchers tracked more than 174,000 veteran and non-veteran suicides from 2000 to 2010 and found that the rate of suicide among female veterans increased 40 percent during that time period.

Women account for 10 percent of the veteran population and are the fastest growing subpopulation of veterans treated by the VA, according to information released from the office of U.S. Sen. Richard Blumenthal (D-CT). Blumenthal co-sponsored the Senate version of the legislation (S.2487), which has been referred to the Committee on Veterans Affairs. "With suicide among women veterans happening at an alarming rate, this bill will help save lives by ensuring VA is providing the care, counseling and outreach these veterans need," Blumenthal said. Heather O'Beirne Kelly, Ph.D., lead psychologist for military and veterans policy, senior legislative and federal affairs officer, for the American Psychological Association, said the APA supports the Female Veteran Suicide Prevention Act. *"H.R. 2915 directs the Department of Veterans Affairs to specifically identify and evaluate mental health care and suicide prevention programs that meet the critical needs of women veterans and to include women as a focus in relevant research programs,"* Kelly said.

The Clay Hunt Suicide Prevention for American Veterans Act, signed into law in 2015, required an "independent third party" to evaluate the VA's mental healthcare and suicide prevention programs. This new legislation would amend that law to also require "specific metrics applicable to women and to identify the VA mental health care and suicide prevention programs that are most effective and have the highest patient satisfaction rates among women veterans." Kelly said the VA has a very active portfolio of research and programming to identify and address the particular needs of women veterans, if and when they are different than the needs of male veterans. "In some areas this is an obvious issue, like when female veterans have gynecological needs or are pregnant, for example," Kelly said. *"In terms of suicide, female veterans accessing care at the VA have shown an increasing and disturbingly higher rate when compared to women in similar but 'civilian' cohorts. Women veterans die by suicide at almost six times the rate of other women and women veterans are five times more likely to die by suicide than male veterans,"* Kelly said.

Kelly said the APA also supports the second aspect of the legislation, which mandates that veterans who served in classified missions while on active duty be offered comprehensive mental health treatment within the VA that is sensitive to those veterans' ongoing security needs. Parents of a young veteran advocated for this measure after their son was assigned to group therapy at the VA and expressed concerns about the possibility of inadvertently sharing classified information in that setting while in the presence of those without appropriate clearances, Kelly said.

That veteran ultimately died by suicide and his parents worked to have language added in this bill ensuring that veterans who participated in classified missions could "access mental health care in a manner that fully accommodates their obligation to not improperly disclose classified information," Kelly said. "Should the Senate bill pass and then be conferenced with the House bill and signed into law by the President, the VA would be required to find alternative methods of mental health treatment for this group of veterans that meets their security needs," Kelly said. [Source: New England Psychologis | Pamela Berard | April 1, 2016 ++]